7		*	•							
· ·				Amendm	ent Tra	<u>nsmittal</u>				
21124 C	re BioSc In abot Blvd. I, California 9454 6-2334		O 1 P 200	V, 3C47	Do	cket No		5US		
In re application of: John Hefti				Da	Date: March 13, 2001					
Application No.: 09/365,978					I hereby certify that this is being deposited with the United State					
Filed: August 2, 1999					Postal Service as first class mail in an envelope addressed to:					
Group Art Unit: 1641					Assistant Commissioner for Patents Washington, D.C. 20231					
For: TEST SYSTEMS AND SENSORS FOR DETECTING MOLECULAR BINDING EVENTS										
	SISTANT COM gton, D.C. 20231	IMISSIO	NER FOR PAT	TENTS	Sig	gned: fen	- 1//- 1	MAR E	My C	
Sir:							· ·	CEL	20	
Transmit	ted herewith are	the follow	ing documents i	in the above-i	identific	ed application	1.	1//	30 300	, ` O
[X] [X] [X]	Amendment with IDS and PTO Fo Drawings Transn Change in Claim Return Postcard.	rm 1449 v nittal with	vith 11 Reference 23 Sheets of Fo	es;					160/300	
-	tension of time is g fee has been ca		-	e should be c	conside	red a petition	therefor.			
	(Col. I)		(Col. 2) .	(Col. 3)		SMALL	ENTITY	_		R THAN ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	*21	MINUS	** 33	= 0		x \$9.00 =			x \$18.00 =	\$0.00
INDEP.	* 4	MINUS	*** 4	= 0		x \$40.00 =			x \$80.00 =	\$0.00
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+ \$135.00 =			+ \$270.00 =	\$0.00
									i .	

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		SENT TRA				
. TOTAL	*21	MINUS	** 33	=	0				
INDEP.	* 4	MINUS	*** 4	=	0				
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM									

				•
RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
x \$9.00 =			x \$18.00 =	\$0.00
x \$40.00 =			x \$80.00 =	\$0.00
+ \$135.00 =			+ \$270.00 =	\$0.00
TOTAL ADDIT. FEE		OR	TOTAL	\$0.00

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[X]No fee is due.

Please charge Deposit Account No. 501506 as follows:

[] Claims fee

Any additional fees associated with this paper or during the pendency of this application. [X]

NO extra copies of this sheet are enclosed.

SIGNATURE BIOSCIENCE, INC.

Clifford B. Perry, Reg. No.: 43,854